## PART B - FEE(S) TRANSMITTAL

Complete and send t	his form, together with	2000 n	ee(s), to: <u>Mail</u>	P.O. Box 1450	E FEE or Patents ginia 22313-1450	
INSTRUCTIONS: TMAYO appropriate. All further coi indicated unless entrected	m should be used for the respondence recluding the below or dispred otherwise	MAY 0 9 2003 smitting the ISSU Patent, advance or The Block 1, by	or <u>Fax</u> BFEE and PUB  ders and notificate  specifying a new	(703) 746-4000 LICATION FEE (if requion of maintenance fees to correspondence address	uired). Blocks 1 through 5 will be mailed to the curren s; and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for
INSTRUCTIONS: TMA from should be used for transmitting the ISSUE FEE and PUBL appropriate. All further correspondence including the latent, advance orders and notification indicated unless corrected below or disorded otherwise in Block 1, by corresponding a new maintenance fee transfer of the latent (Note: Use Block 1 for any change of address)  CURRENT CORREST OF THE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
Yale S. Finkle UNOCAL P.O. Box 7600 Brea, CA 92822-7600				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
05/10/2005 TBESHAH2 00		858	Yale S	Yale S. Finkle (Depositor's name)		
01 FC:1501 1400.00 DA				Jale	5. Imale	(Signature)
02 FC:1504 300.00 DA				UMay 5.	2005	(Ditt)
APPLICATION NO.			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/684,858	10/14/2003		ker	012003-03	4798	
TITLE OF INVENTION: PERFORATOR	METHOD TO IMPROVE	PERFORATING	EFFECTIVENES	S USING A UNIQUE	MULTIPLE POINT INITIA	ATED SHAPED CHARGE
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	05/10/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
LOFDAHL,	3644		089-001151	_		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Yale S. Finkle  Gregory F. Wirzbicki			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Molycorp Inc. Mountain Pass, CA						
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the patent	): 🔲 Individual ื C	Corporation or other private gr	roup entity Government
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
Issue Fee       □ A check in the amount of the fee(s) is enclosed.         Image: Publication Fee (No small entity discount permitted)       □ Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of		·	is hereby authorized by o	charge the required fee(s), or	credit any overpayment, to	
5. Change in Entity Status	(from status indicated above	······································	Deposit Account	Number 210175	(enclose an extra c	copy of this form).
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	b. Applicant is	no longer claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).
NOTE: The Issue Fee and P	is requested to apply the Issu ublication Fee (if required) vords of the United States Pate	vill not be accepted	I from anyone other	to re-apply any previous r than the applicant; a reg	ly paid issue fee to the applic sistered attorney or agent; or t	ation identified above. he assignee or other party in
Authorized Signature	Julos.	Finle	2	Date	May 5, 2005	
Typed or printed name _	Yale S. F.	inkle		Registration	1 No. 27,547	
submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	oplication form to the USPT of the reducing this burden, shinia 22313-1450. DO NOT 1450.	O. Time will vary to the SEND FEES OR C	depending upon the Chief Information COMPLETED FOR	ne individual case. Any con Officer, U.S. Patent and RMS TO THIS ADDRES	the public which is to file (an minutes to complete, includi omments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB contro	for Patents, P.O. Box 1450,